

USM Form 285 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF LARRY ORUTA		COURT CASE NUMBER 08 C 1518	
DEFENDANT CONTINENTAL AIRPORT EXPRESS		TYPE OF PROCESS SUMMONS & COMPLAINT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	CONTINENTAL AIRPORT EXPRESS		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 WEST 35TH STREET - CHICAGO, IL 60609 PHONE: (773) 247-1200		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
MR. LARRY ORUTA P.O. BOX 577511 CHICAGO, IL 60657		Number of parties to be served in this case	1
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Fold

APR 25 2008 TC

4-25-2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

4-1-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk T.R.	Date 4-1-08
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) DARADI (MANAGER)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date 4/21/08	Time 330 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy P.H.A.	
Service Fee 96.00	Total Mileage Charges including endeavors 5.82	Forwarding Fee —	Total Charges 101.82	Advance Deposits —	Amount owed to U.S. Marshal* or (Amount of Refund*) 101.82

REMARKS:

10 USM 12 miles L.T. 2 hrs PL

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00